

EMERIC - GOODMAN ASSOCIATES

1109-1121 Geary Blvd. San Francisco, CA 94109 Mail to: P.O.B. 2210, San Francisco, CA 94126

Manager: 415.776.0776 Office: 415.512.7242 and 510.482.3677 Fax: 415.292.6594

e-mail: emgoodman@mindspring.com and editeur@earthlink.net

Website: www.live-work.us

RENTAL APPLICATION

Applicant's Name _____

Phone _____

Applicant's Name _____

Phone _____

Unit Wanted: 1117 Geary Blvd. Unit _____

Date Wanted _____

Proposed Tenants(s)

Name _____

Social Security # _____

Drivers License # _____

State _____

Visa/Mastercard # _____

Expiration Date _____

Birth date _____

Name _____

Social Security # _____

Drivers License # _____

State _____

Visa/Mastercard # _____

Expiration Date _____

Birth date _____

Do you have pets? _____ Describe _____ Do you smoke? _____

Do you require a parking place? _____

Why are you vacating your present place of residence?

Have you ever been evicted or named in an unlawful detainer action? _____

If so, please explain on a separate sheet of paper.

If there is one resident, just fill on the left hand side; otherwise, fill out for both residents.

Present Address for _____ For _____
Street _____
City/State/ZIP _____
Landlord _____
Phone _____ Mo. Rent _____
Occupied From/To _____

Previous Address for _____ For _____
Street _____
City/State/ZIP _____
Landlord _____
Phone _____ Mo. Rent _____
Occupied From/To _____

Present Occupation for _____ For _____
Employer _____
Address _____
Phone _____ Supervisor's Name _____
Position _____
How Long? _____ Monthly Income _____

Previous Occupation for _____ For _____
Employer _____
Address _____
Phone _____ Supervisor's Name _____
Position _____
How Long? _____ Monthly Income _____

Banking Information for _____ For _____
Checking Acct # _____
Savings Acct # _____
Bank _____
Phone _____ Contact _____
Branch Address _____

Financial Obligations:
Mo. Payments To: Address: Phone: Amount:

1. _____
2. _____

Emergency Contacts: (Name, Address, Phone No.):

_____ Relationship _____
 _____ Relationship _____
 _____ Relationship _____

Personal References: (Name, Address, Phone No.):

1. _____
2. _____
3. _____

Auto: Make--_____ Year--_____ Model--_____
 License--_____

Other: Make--_____ Year--_____ Model--_____
 License--_____

APPLICANT'S OFFER TO RENT

I (We) hereby make application for occupancy of unit _____ at 1117 Geary Blvd., San Francisco, CA 94109 renting for \$_____ .00 per month. I herewith pay a credit check fee of \$30.00 by cash ___ or check ___ or credit card ___.

If this application is accepted and I reserve the unit, I agree to enter into a Rental Agreement for the residential unit at the rental rate indicated above. The Reservation Deposit to hold the unit is \$1,500.00, which applies to the Security Deposit.

In consideration for removing this unit from the rental market, if I do not enter into a Rental Agreement when offered, I agree to pay a charge of \$50.00 per day (\$100.00 minimum) for the number of days the unit was held off the market as liquidated damages. If I have not entered into an Agreement signified by signing a Rental Agreement and paying the first month's rent and the Security Deposit within 2 calendar days of being offered the unit, Lessor may place the unit back on the market without further obligation to me.

I represent that statements above are true and correct and hereby authorize verification of this information, including but not limited to obtaining or a credit report and agree to furnish additional credit references on request. If I pay for the credit verification, reservation deposit or rent by check and the check is dishonored for any reason, I authorize Emeric-Goodman Associates or Agent to charge my credit card for the credit verification charges plus any bank charges for the dishonored check.

I state that I have not been a defendant in an unlawful detainer action or evicted by a previous landlord for any cause, except as set forth above.

Applicant Signature _____ Date _____

Print Name _____ Phone _____

Fax _____ e-mail _____

Applicant Signature _____ Date _____

Print Name _____ Phone _____

Fax _____ e-mail _____

_____ Co-Signer Name(s)

(Co-signer fills out separate Co-signer's Application.)

Phone _____

Fax _____

e-mail _____